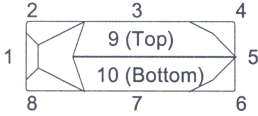
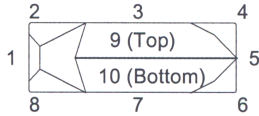


STATE OF RHODE ISLAND UNIFORM ACCIDENT REPORT

1	Reporting Agency			Type of Collision (i.e., Car - Car)			Report Number			<input type="checkbox"/> Walk In			10a									
	Accident Date		Day of the Week		Military Time			Posted Speed		Total Units Involved												
2	Route		City/Town		Name of Street or Highway			# of Lanes		Intersection With			10b									
	Distance (From Nearest Intersecting St) <input type="checkbox"/> Feet <input type="checkbox"/> Miles				Direction (From Nearest Intersecting St) N S E W			Nearest Intersecting Street/Landmark														
3	Unit Number		Unit Type		D R I V E R			Unit Number		Unit Type		11a										
	Operator's Last Name First M.I.							Operator's Last Name First M.I.														
4	Street/Mailing Address				City/Town		O W N E R			Street/Mailing Address		City/Town		11b								
	State		Zip		Telephone					DOB		Sex										
5	License Number		State	<input type="checkbox"/> CDL	Class	Restrictions		V E H I C L E			License Number		State	<input type="checkbox"/> CDL	Class	Restrictions		12a				
	Owner's Last Name First M.I.				Owner's Last Name First M.I.																	
6	Street/Mailing Address				City/Town		O W N E R			Street/Mailing Address		City/Town		12b								
	State		Zip		Telephone					State		Zip			Telephone							
7	Insurance Co.		Policy No.				V E H I C L E			Insurance Co.		Policy No.				13a						
	Registration No.		State	VIN						Registration No.		State	VIN									
8	Vehicle Yr.		Make			Color		Plate Type		V E H I C L E			Vehicle Yr.		Make			Color		Plate Type		13b
	# Air Bags Deployed		Air Bags <input type="checkbox"/> Front <input type="checkbox"/> Side		Direction of Travel N S E W			# Air Bags Deployed					Air Bags <input type="checkbox"/> Front <input type="checkbox"/> Side		Direction of Travel N S E W							
9					Towed By				T R A I L E R							Towed By				14a		
	Damage Estimate <input type="checkbox"/> None <input type="checkbox"/> <\$500 <input type="checkbox"/> >\$500				Damage Estimate <input type="checkbox"/> None <input type="checkbox"/> <\$500 <input type="checkbox"/> >\$500							14b										
10	Trailer Reg. No.		State	Make		T R A I L E R			Trailer Reg. No.		State		Make		9							
	VIN		Towed By		VIN				Towed By													
11	Non-Vehicle Property Damage														10a							
	Owner		Address				Phone		Damage Description													
12															10b							
13															11a							
14															11b							
15															12a							
16															12b							
17															13a							
18															13b							
19															14a							
20															14b							
21															15a							
22															15b							
23															16a							
24															16b							
25															17a							
26															17b							
27															18a							
28															18b							
29															19a							
30															19b							
31															20a							
32															20b							
33															21a							
34															21b							
35															22a							
36															22b							
37															23a							
38															23b							
39															24a							
40															24b							
41															25a							
42															25b							
43															26a							
44															26b							
45															27a							
46															27b							
47															28a							
48															28b							
49															29a							
50															29b							
51															30a							
52															30b							
53															31a							
54															31b							
55															32a							
56															32b							
57															33a							
58															33b							
59															34a							
60															34b							
61															35a							
62															35b							
63															36a							
64															36b							
65															37a							
66															37b							
67															38a							
68															38b							
69															39a							
70															39b							
71															40a							
72															40b							
73															41a							
74															41b							
75															42a							
76															42b							
77															43a							
78															43b							
79															44a							
80															44b							
81															45a							
82															45b							
83															46a							
84															46b							
85															47a							
86															47b							
87															48a							
88															48b							
89															49a							

*State of Rhode Island
Supplement to*

Report Number

UNIFORM ACCIDENT REPORT

for
Additional Persons Involved in Accident

[illegible]

*State of Rhode Island
Supplement to*

UNIFORM ACCIDENT REPORT

for

*Additional Diagrams, Data or any
Necessary Statements Taken*

Report Number

Report Number

State of Rhode Island
Truck/Bus Supplemental to

UNIFORM ACCIDENT REPORT

U.S. DOT # (7-Digits)		ICC/MC # (6-Digits)		State No.		State		<input type="checkbox"/> Interstate Carrier																					
Carrier Name						Source of Carrier Name (Check One) <input type="checkbox"/> 1 Side of Vehicle <input type="checkbox"/> 2 Shipping Papers/Truck or Trip Manifest/Bus <input type="checkbox"/> 3 Driver <input type="checkbox"/> 4 Log Book																							
Address																													
City		State		Zip																									
Configuration Type (Check One) <table border="0"><tr><td><input type="checkbox"/> 0 Any Four (4) Tire Vehicle</td><td><input type="checkbox"/> 4 Truck/Trailer</td><td><input type="checkbox"/> 8 Tractor/Triple</td></tr><tr><td><input type="checkbox"/> 1 Bus/Seats of 16 or more Persons</td><td><input type="checkbox"/> 5 Truck Tractor/Bobtail</td><td><input type="checkbox"/> 9 Unknown Truck, Cannot Classify</td></tr><tr><td><input type="checkbox"/> 2 Single - Unit (2 - Axles, 6 - Tires)</td><td><input type="checkbox"/> 6 Tractor/SemiTrailer</td><td><input type="checkbox"/> 10 Motorcycle</td></tr><tr><td><input type="checkbox"/> 3 Single - Unit Truck (3 or more Axles)</td><td><input type="checkbox"/> 7 Tractor/Double</td><td><input type="checkbox"/> 99 Other</td></tr></table>										<input type="checkbox"/> 0 Any Four (4) Tire Vehicle	<input type="checkbox"/> 4 Truck/Trailer	<input type="checkbox"/> 8 Tractor/Triple	<input type="checkbox"/> 1 Bus/Seats of 16 or more Persons	<input type="checkbox"/> 5 Truck Tractor/Bobtail	<input type="checkbox"/> 9 Unknown Truck, Cannot Classify	<input type="checkbox"/> 2 Single - Unit (2 - Axles, 6 - Tires)	<input type="checkbox"/> 6 Tractor/SemiTrailer	<input type="checkbox"/> 10 Motorcycle	<input type="checkbox"/> 3 Single - Unit Truck (3 or more Axles)	<input type="checkbox"/> 7 Tractor/Double	<input type="checkbox"/> 99 Other								
<input type="checkbox"/> 0 Any Four (4) Tire Vehicle	<input type="checkbox"/> 4 Truck/Trailer	<input type="checkbox"/> 8 Tractor/Triple																											
<input type="checkbox"/> 1 Bus/Seats of 16 or more Persons	<input type="checkbox"/> 5 Truck Tractor/Bobtail	<input type="checkbox"/> 9 Unknown Truck, Cannot Classify																											
<input type="checkbox"/> 2 Single - Unit (2 - Axles, 6 - Tires)	<input type="checkbox"/> 6 Tractor/SemiTrailer	<input type="checkbox"/> 10 Motorcycle																											
<input type="checkbox"/> 3 Single - Unit Truck (3 or more Axles)	<input type="checkbox"/> 7 Tractor/Double	<input type="checkbox"/> 99 Other																											
Other Configuration Type																													
Cargo Body Type (Check One) <table border="0"><tr><td><input type="checkbox"/> 1 Bus carrying 16 or more Persons</td><td><input type="checkbox"/> 4 Flatbed</td><td><input type="checkbox"/> 7 Auto Transporter (Car-Carrier)</td></tr><tr><td><input type="checkbox"/> 2 Van/Enclosed Box</td><td><input type="checkbox"/> 5 Dump</td><td><input type="checkbox"/> 8 Garbage/Refuse</td></tr><tr><td><input type="checkbox"/> 3 Cargo Tank</td><td><input type="checkbox"/> 6 Concrete Mixer</td><td><input type="checkbox"/> 99 Other</td></tr></table>										<input type="checkbox"/> 1 Bus carrying 16 or more Persons	<input type="checkbox"/> 4 Flatbed	<input type="checkbox"/> 7 Auto Transporter (Car-Carrier)	<input type="checkbox"/> 2 Van/Enclosed Box	<input type="checkbox"/> 5 Dump	<input type="checkbox"/> 8 Garbage/Refuse	<input type="checkbox"/> 3 Cargo Tank	<input type="checkbox"/> 6 Concrete Mixer	<input type="checkbox"/> 99 Other											
<input type="checkbox"/> 1 Bus carrying 16 or more Persons	<input type="checkbox"/> 4 Flatbed	<input type="checkbox"/> 7 Auto Transporter (Car-Carrier)																											
<input type="checkbox"/> 2 Van/Enclosed Box	<input type="checkbox"/> 5 Dump	<input type="checkbox"/> 8 Garbage/Refuse																											
<input type="checkbox"/> 3 Cargo Tank	<input type="checkbox"/> 6 Concrete Mixer	<input type="checkbox"/> 99 Other																											
Other Cargo Body Type																													
Truck/Tractor or Bus GVWR (lbs.)		Trailer(s) Total GVWR (lbs.)		Total Amount GVWR (lbs.)		Total Axles (Including Trailer)																							
<input type="checkbox"/> Vehicle has Hazardous Material Placard			Indicate Name or 4-Digit Number on Placard (From Diamond or Box)																										
One Digit Number from Placard (from bottom of Diamond)			<input type="checkbox"/> Hazardous Material Released from this Vehicle's Cargo																										
Sequence of Events (Enter in order of occurrence)																													
First Event		Second Event			Third Event		Fourth Event																						
<table border="0"><tr><td>1 Ran off Road</td><td>5 Cargo Loss or Shift</td><td>9 Collision Involving Motor Vehicle in Transport/ANY MOVING VEHICLE</td><td>12 Collision Involving Pedal Cycle</td></tr><tr><td>2 Jack Knife</td><td>6 Explosion or Fire</td><td></td><td>13 Collision Involving Animal</td></tr><tr><td>3 Overturn (Rollover)</td><td>7 Separation of Units</td><td>10 Collision Involving Parked Vehicle</td><td>14 Collision Involving Fixed Object</td></tr><tr><td>4 Down Hill Runaway</td><td>8 Collision Involving Pedestrian</td><td>11 Collision Involving Train</td><td>15 Collision Involving Other Object</td></tr><tr><td></td><td></td><td></td><td>99 Other</td></tr></table>										1 Ran off Road	5 Cargo Loss or Shift	9 Collision Involving Motor Vehicle in Transport/ANY MOVING VEHICLE	12 Collision Involving Pedal Cycle	2 Jack Knife	6 Explosion or Fire		13 Collision Involving Animal	3 Overturn (Rollover)	7 Separation of Units	10 Collision Involving Parked Vehicle	14 Collision Involving Fixed Object	4 Down Hill Runaway	8 Collision Involving Pedestrian	11 Collision Involving Train	15 Collision Involving Other Object				99 Other
1 Ran off Road	5 Cargo Loss or Shift	9 Collision Involving Motor Vehicle in Transport/ANY MOVING VEHICLE	12 Collision Involving Pedal Cycle																										
2 Jack Knife	6 Explosion or Fire		13 Collision Involving Animal																										
3 Overturn (Rollover)	7 Separation of Units	10 Collision Involving Parked Vehicle	14 Collision Involving Fixed Object																										
4 Down Hill Runaway	8 Collision Involving Pedestrian	11 Collision Involving Train	15 Collision Involving Other Object																										
			99 Other																										
Other (Briefly Describe)																													
<input type="checkbox"/> MSCAP Inspection Form Done		Form No.			Inspection Code No.																								